

Administrator Alert

Policy updates and rule clarifications for Assisted Living, Residential Care and Nursing Facilities

Office of Licensing and Quality of Care — Oregon Department of Human Services

January 23, 2008

Pressure ulcers

A **pressure ulcer** (also known as decubitus ulcer, pressure sore and bedsore) is defined as an injury to the skin as a result of constant pressure due to staying in one position without moving. Blood flow is reduced to the pressure area and eventually causes cell death, skin breakdown and the development of an open wound. Pressure ulcers usually occur over bony prominences (such as tail bone and heels) and are graded or staged to classify the degree of tissue damage observed.

Risk assessment

It is important that the facility identify those residents who may be at risk for developing pressure ulcers so preventive interventions can be put into place. Factors most often associated with pressure ulcer development include:

- Immobility (infrequent or absent ability to change position)
- Inactivity
- Poor nutrition
- Fecal and urinary incontinence
- Decreased pain awareness

Prevention pointers

- Maintain good nutrition and hydration
- Clean skin with warm water and a mild cleaning agent after incontinence care and whenever soiled, then dry well
- Inspect the skin frequently
- Use non-alcohol based moisturizers
- Avoid massaging areas prone to breakdown

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- Prevent friction injury (such as from skin sliding against bed sheets and sliding against surfaces during repositioning and transfer activity)
- Reduce pressure over bony prominences (such as by using cushioned mattress overlays, seating cushions and keeping heels off the mattress)
- Reposition frequently

Pressure ulcer description and treatment guidelines

STAGE	DESCRIPTION	TREATMENT GUIDELINES
Stage I	Unbroken skin with redness that does not turn white with pressure (such as when light pressure is applied by the caregivers' fingers).	(1) Keep pressure off sore. (2) Maintain good hygiene. (3) Evaluate diet. (4) Review mattress, chair cushions, transfers, pressure relief and repositioning techniques for cause of problem. (5) Protect from friction damage. (6) If the sore does not heal in a few days consult the nurse. Note: Barrier creams are appropriate for Stage I.
Stage II	Skin loss involving primarily the top layer of skin. The ulcer is superficial and looks like an abrasion, blister or shallow crater.	Follow steps 1-4 above. (5) Cleanse the wound gently without pressure. Use water or saline and dry gently. Apply either a transparent dressing (such as Op-Site or Tegaderm) or a hydrocolloid dressing (such as DuoDERM). (6) Check for signs of wound healing with each dressing change. (7) If there are signs of infection (odor, drainage, increased redness) contact the nurse or health care provider. Note: Moisture barriers which have a drying effect are not appropriate for Stage II or higher.
Stage III	Full skin loss (both the top layer of skin, epidermis and secondary layer, dermis). Involves damage to tissue below the skin but not into the muscle. The ulcer presents as a deep crater.	Follow steps 1-4 under Stage I and Steps 5-7 under Stage II. Always consult the health care provider. Follow orders from provider.



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Stage IV	Extensive damage to deeper tissues (muscles, tendons and bones). Deeper tunnels may be present.	Consult the health care provider right away. Follow orders from provider.

Action required:

Facilities should review their current methods of prevention and treatment of pressure sores. Evidence of implementation could include a review of resident records as well as staff and resident interviews at time of survey.

Reference:

Change of Condition OAR 411-054-0040 (1 & 2), C270

Health Services OAR 411-054-0045 (1 & 2), C280 & C290

Medications and Treatments OAR 411-054-0055 (1 & 2), C300 – C310

Journal of American Medical Association Patient Page: Pressure Ulcers (August 23/30, 2006-Vol 296, No. 8)

For more information, contact the DHS Office of Licensing and Quality of Care at 1-800-232-3020.

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